Medicare–Socialized Medicine

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SOCIALIZED MEDICINE A FAILURE IN EUROPE

When our solons in Washington come to consider proposals that a system of socialized medicine, however camouflaged, be set up in this country, they do not have to grope in the dark, because it is not an untried experiment. Several countries abroad are trying it right now, and in their experience may be found a sharp warning for the United States. Great Britain furnishes an excellent example. Some plan of compulsory sickness insurance exists in every European country except Switzerland, where the government subsidizes the medical co-operative.. The costs are going up everywhere, but nowhere else as rapidly as in England.

Socialized medicine was launched in 1948, with the announced purpose of providing medical aid gratis to everyone irrespective of means. Immediately, of course, it developed that it was too expensive. In eleven years, while retail prices in England were increasing by approximately 40 per cent, the cost of government doctoring more than trebled. It now amounts to better than 15 per cent of an over-inflated national budget, not counting cash payments by the insured or the levies on municipalities.

One of the principal reasons for the cost increase is that there are two or three clerks for every physician. On this basis, if this country were to adopt a similar system, the U. S. Government would have to employ nearly two million additional clerks.

Neither the physician nor the patient fares well under this system. The tax-payers, who foot the bill, register with a general practitioner. This doctor is paid by the Ministry of Health an annual fee amounting to about $2.50 for each patient. In order to make a living, he must see so many patients that he can give each one only the barest minimum of time for diagnosing, prescribing, filling out up to sixteen kinds of certificates, plus forms for his own files. Patients are continually being shifted back and forth between overworked practitioners and overcrowded hospitals.

This is merely a brief outline of how socialized medicine is practised in England. In Germany, a report of the plan is to be found in the magazine, **"Der Spiegel."** Eighty per cent of the people of West Germany are under social security. Anyone enrolled in the State system, before he or she attained earnings of a thousand dollars a year, can remain in the plan no matter how high his or her earnings go. Furthermore, his or her contributions amount to no more than those whose annual income may be as low as $165.

In Germany, as elsewhere, the availability of State Medical Services has the effect of promoting a demand for them. Concerns employing five-thousand persons apply for five-thousand sickness certificates each quarter year, for they figure that every employee will find it convenient to report sick at least once during the three-month period. The same tendency is reflected in the rise in demand for drugs. Also, the average period of hospitalization has steadily risen. In general hospitals in Munich, the average patient back in 1955, remained twenty-one days. In the same hospitals he now remains thirty-eight days. Part of the tendency to prolong the hospital stay is that the socialized system must pay a worker 90 per cent of his net salary for a maximum of six weeks while he is reported ill, but he cannot collect for the first two days unless he is sick at least two weeks.

The minimum fee paid by the state to a physician serving under the plan amounts to about fifty-cents. This is a little less than what Germans pay as a minimum fee when they take a dog or cat to the veterinarian. These conditions, according to the above-mentioned magazine, not only have caused wide-spread protest from the German Medical profession, but also have led to a serious deterioration in the quality of medical aid.

Sweden is another country with the doubtful blessing of a Socialistic program. Her spending for health alone, jumped from 580 million kroner in 1948 to 2 billion, 300 million kroner nine years later.

In Hungary, the medical profession has nothing to do with the management of the governmental medical system. It is directed by the Center of the Trade Unions for Social Security; and the entire organization is infected with bureaucrats and bureaucratic procedures. If the patient wants something, he must execute some obscure papers. The doctor devotes about half of this time with papers of different shapes and colors to prevent the use of carbon paper. Time allowed for examination is limited. The labor unions compare the efficiency of a clinic with that of a factory, and strict orders are issued as to how much time a physician must spend with his patients.

In Japan, effects of socialized medicine are such that members of the country's medical association have threatened to withdraw from the national health insurance plan and refuse to treat the patients. Although the Nipponese government did grant an increase of 10 per cent, the incomes of physicians are still lower than those of people in comparable professions, and are generally recognized to be the lowest medical fees universally. According to one member of the Japan Doctors Association, a Dr. Akira Osada, physicians in that country have discovered that once the Nipponese government assumes control, it becomes next to impossible to bring about any changes which would improve the treatment of their patients. The physician also said many of the bright young people in his country are turning to professions not under government control. Those aspiring to be doctors have to pay their own education expenses and then go through an intern period of almost non-existent income, which makes it very difficult for them.

In France, a similar situation exists as in Japan. A report, well-authenticated, states that Socialized Medicine has, in effect, prevented the development of good hospital service. Doctors threatened not to treat the patients, and rumor has it that they actually did go on a strike.

In this country, those who advocate tying medical care to Social Security taxes deny that it could be a move toward socialized medicine, but who can doubt that this would be the first step in a drive to provide medical, dental, hospital and nursing home needs for all persons of retirement age? Simultaneously, we would have to expect a campaign to lower the age of eligibility by steps until, finally, the program covers or purports to cover, the health needs of all, from cradle to the grave.

IT'S THE TAXPAYER WHO PAYS

If this piece of legislation passes, the cost would be terrific, certainly much more than the one-billion dollars a year that proponents of this "first step" estimate.

Returning to Great Britain, the cost of the health program soared to two and a half billion dollars annually, for grossly inadequate service. England has less than a third of our population, so on a comparable basis the cost of the program here would have to be appraised at no less than seven and a half billion dollars a year, even if we provided no more than England is providing, and that is an assumption which can hardly be considered valid in view of the much higher wages and salaries in this country. The monetary cost would be only part of it. We cannot logically expect that a bureaucracy will provide the same quality of medical service that is available under our free enterprise system. We would see the traditional relationship between the physician and patient abolished. The spectacular growth of private health insurance, now covering about three-fourths of the population, would terminate and the private system would almost surely vanish within a brief time. Most alarming of all, the introduction of a system of socialized medicine in this country would represent a fatal straying away from freedom of choice in a field vitally and personally important to everybody. We need to take many steps backward from Collectivism, not leap further into its toils. Experience, it has been often reiterated, is a hard teacher. This is an experience we do not have to suffer ourselves, if we will but examine and profit by the experience of other nations that have permitted themselves to be entangled in socialized medicine.

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CONGRESSMAN JUDD ON MEDICARE

Few Americans are better qualified to speak on the question of socialized medicine than Dr. Walter Judd, a former Minnesota Congressman. In addition to his twenty years of outstanding service as a Congressman, Mr. Judd has been a practicing physician for many years. Prior to his election to Congress, he established a distinguished record as a medical missionary in the Far East. He said:

"The public has been led to believe that they can get government financing without government control and ultimate government operation of medical services. It is naive to believe that Congress will take the people's money away from them through taxes and then allow the money to be spent by someone else without the Congress maintaining its own firm control. Congress would be completely irresponsible if it did not so control the funds it raises, and it is not and will not be that irresponsible. When the government finances and operates medical services, three things essential to good care are inevitably compromised.

"First, the wholly voluntary relationship between the doctor and the patient. If the relationship is not completely voluntary on the part of the patient, he or she is not going to have full confidence in the doctor. If it is not voluntary on the part of the doctor, his heart is not fully in it. Under government management, the relationship cannot be wholly voluntary. The result will be injury to the patient's interests far more than to the doctor's.

"A second requirement is that there be complete privacy with no intermediary between the patient and the physician. When the doctor gets paid by the patient, the doctor works for the patient. When the doctor gets paid in whole or in part by the government, little by little he comes to work for the government. Again, the average doctor may be better off, but not the patient. Under government-financed medicine, the government becomes an intermediary in another sense. Since public money is involved, a succession of clerks has to go through the records to see if the doctor performed all the tests for which he submitted charges, or did any unnecessary tests to run up the bill. Somebody in a government bureau has to decide whether the doctor's diagnosis and treatments, and therefore his charges, were proper. In order to determine that, government employees have to read the patient's history, and record. Many patients are not going to be too eager to tell the doctor all the personal and private details that he needs to know in order to treat them properly, if they know some bureaucrats are going to be reading those details. What kind of care will the patient get with both his doctor and the government managing the case?

"A third essential for good medical practice is that there be maximum incentives for the doctor to do his best work constantly to improve himself. One such incentive is financial reward in accordance with his ability and his effort; most people work harder and do better if they believe such effort will get them ahead financially."

FEDERAL MEDICAL CARE IS NOT GOOD FOR THE ELDERLY, BUT GOOD PRIVATE MEDICAL CARE IS.

WRITE YOUR SENATORS AND CONGRESSMEN AND LET THEM KNOW HOW YOU STAND ON MEDICARE.